

Handwritten signature and checkmark

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/619,819 Confirmation No.: 7208
Applicant : MARK B. METHERELL
Filing Date : 07/14/2003
Title : APPARATUS AND METHOD FOR PROTECTING SHIPS AND
HARBORS FROM ATTACK BY VESSELS
Group Art Unit : 3617
Examiner : Jesus D. Sotelo
Docket No. : 703639.4001US
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated January 8, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

05/14/2004 BSAYAS11 00000097 150665 10619819

01 FC:2251 55.00 DA
02 FC:2202 27.00 DA

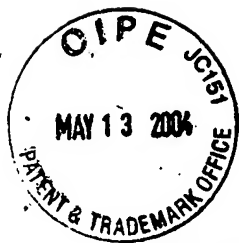
CERTIFICATE OF MAILING (37 CFR §1.8)

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Dated: May 10, 2004

DOCSOC1:150563.1

Karen Johnson
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AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated <insert date>.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

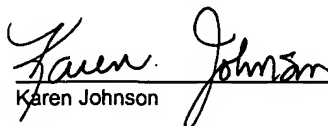
EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$55.00

☒ If an additional extension of time is required, please consider this a petition therefor.
Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

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Applicant : MARK B. METHERELL
Appl. No. : 10/619,819
Examiner : Jesus D. Sotelo9
Docket No. : 703639.4001US

- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

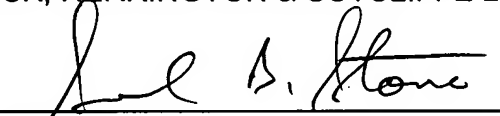
Total Claims	23	-	20	=	3	x	\$18.00	\$54.00
Independent Claims	2	-	3	=	0	x	\$86.00	\$0.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input checked="" type="checkbox"/>								\$27.00
Extension of Time (from above)								\$55.00
Assignment -- \$40 (if applicable) <input type="checkbox"/>								\$0.00
TOTAL FEES SUBMITTED HERewith								\$82.00

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

Dated: May 10, 2004

By:


Samuel B. Stone
Reg. No. 19,297

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